

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3650

State File No.

Registrar's No.

FILED FEB 10 1943

Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County. Saline
(b) City or town. Marshall, Mo.
(c) Name of hospital or institution:
470 South Grant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community All her life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gwendolyn Gail Simms

3. (b) If veteran, name war # # 3. (c) Social Security No. #

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. Dec. 7 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
I 24 hr. min.

9. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Herbert B. Simms

12. Name Saline Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Lavine Ridd
(City, town, or county) (State or foreign country)

15. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert S. Simms
(b) Address 470 SO. Grant, Marshall, Mo.

17. (a) Burial (b) Date thereof Feb. 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge P. Cemetery

18. (a) Signature of funeral director G. Leslie Swanney
(b) Address Marshall Mo.

19. (a) 2-1-43 (b) Mrs. T. O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 470 South Grant St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1943 hour 2 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 30 1943 to Jan 31 1943

that I last saw him alive on Jan 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral confluent broncho-pneumonia
Duration 24 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature W. H. H. H. H. H. (M. D. or other)
Address Marshall, Mo. Date signed 2/1/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1215

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

J. Leslie Sweeney

Licensed Embalmer No.

32357

P. O. Address

Marshall mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.